EMPLOYE ENROLLMENT REQUEST

Wisconsin Employer Notification Program

MV3556 398 s.343.245(3m) Wis. Stats.

Mail To: Wisconsin Department of Transportation

Records & Licensing Information Section

P.O. Box 7995

Madison, WI 53707-7995

Make Payable To: REGISTRATION FEE TRUST

Please enclose \$2.00 Per Employe Enrolled

Employer Name										
Mailing Address										
ode	Agency Code (If Applicable)									
Telephone Numb										
Instructions: Print or use typewriter. Please enter driver license number, name, birth date, and social security number.										
WISCONSIN DRIVER LICENSE NUMBER			FIRST NAME	МІ	LAST NAME	BIRTH DATE	SOCIAL SECURITY NUMBER	ADD	DEL	
			1							
			<u> </u>							
	ode Telephone Numb : Print or	ode Telephone Number : Print or use typewri	ode Telephone Number : Print or use typewriter. Plea	code Telephone Number : Print or use typewriter. Please enter driver license nu	Telephone Number : Print or use typewriter. Please enter driver license number,	Telephone Number : Print or use typewriter. Please enter driver license number, name, birth date, and social secur	Telephone Number : Print or use typewriter. Please enter driver license number, name, birth date, and social security number.	Agency Code (If Applicable) Telephone Number : Print or use typewriter. Please enter driver license number, name, birth date, and social security number.	Agency Code (If Applicable) Telephone Number : Print or use typewriter. Please enter driver license number, name, birth date, and social security number.	